

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-009070

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 2 1962

1. PLACE OF DEATH

a. COUNTY

ST. Louis, County

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

NORMAN dY

Length of stay in lb

3 hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Normandy Osteopathic Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

ST. Louis

admission)

c. CITY
OR
TOWN

WELLSTON. 33.

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
6312 Isabelle

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CURTIS ELMER CRITES

4. DATE
OF
DEATH

Month

Day

Year

2 15 62

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-22-1894 67

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Retired Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY

Rope Co.

11. BIRTHPLACE (City and state or country)

BOLLINGER CO.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

(Unknown) Crites

13b. MOTHER'S MAIDEN NAME

Elizabeth Clay

14. NAME OF HUSBAND OR WIFE

MARIE ELSIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Mrs. Marie Crites

6312 Isabelle Wellston

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction due
acute coronary occlusion.INTERVAL BETWEEN
ONSET AND DEATH

1 hr.

DUE TO (b)

Chronic Myocardial disease

2 years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal
disease condition given in PART I (a)

acute stenosis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1954 to 2/15/62

and last saw him alive on 2/15/62

Death occurred at

7:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Curtis E. Crites

22b. ADDRESS

7520 Natural Bridges

22c. DATE SIGNED

2/15/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

2-17-62

23c. NAME OF CEMETERY OR CREMATORY

Sargents Chapel

23d. LOCATION (City, town, or county)

Sedgewickville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Young & Sons, Perryville, Mo.

25. DATE RECD. BY LOCAL REG.

2-16-62

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John J. Haines
Licensed Embalmer No. 4108

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.